PPS General/MH/AODA/NOMs Downtime Form

Client Name: _____ Medical Record # _____

Date:_____ Time:_____ Gender:_____ DOB _____
Assessment Type: ☐ Initial ☐ Follow up ☐ Discharge
Assessment Completion Date: _____ First Contact Date:_____
Assessment Completed By: _____ Agency: _____
Please indicate primary diagnosis: ☐ Mental Health ☐ AODA ☐ Mental Health and AODA
Please indicate primary diagnosis(es): _____
Client MCI Number_____ Family ID_____
Street Address 1 at Time of Service_____
Street Address 2 at Time of Service_____
City at Time of Service_____ State at Time of Service_____
Zip Code at Time of Service_____
County of Residence at Time of Service_____ Phone#_____ Social Security Number_____
Insurance Termed:_____ New Insurance:_____

Race
☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Alaskan Native/American Indian ☐ Asian

Ethnic Origin
☐ Hispanic ☐ Not of Hispanic Origin ☐ Unknown

Characteristic 1
ABUSED/NEGLECTED ADULTS/ELDERS ☐ ALCOHOL AND OTHER DRUG CLIENT ☐ ALCOHOL CLIENT ☐
ALZHEIMER'S DISEASE/RELATED DEMENTIA ☐ BLIND/DEAF ☐ BLIND/VISUALLY IMPAIRED ☐
CHIPS – **ABUSE (SPECIAL CHILDREN'S SERVICES ONLY)** ☐ CHIPS – **ABUSE AND NEGLECT (SPECIAL CHILDREN'S SERVICES ONLY** ☐
CHIPS – **NEGLECT (SPECIAL CHILDREN'S SERVICES ONLY)** ☐ CHIPS – **OTHER (SPECIAL CHILDREN'S SERVICES ONLY)** ☐
CHRONIC ALCOHOLIC ☐ CORRECTIONS CRIMINAL JUSTICE SYSTEM CLIENT **(ADULTS ONLY)** ☐
CRIMINAL JUSTICE SYSTEM INVOLVEMENT **(ALLEGED OR ADJUDICATED)** ☐ CUBAN/HAITIAN ENTRANT ☐ DEAF ☐
DELINQUENT **(SPECIAL CHILDREN'S SERVICES ONLY)** ☐ DEVELOPMENTAL DISABILITY – **AUTISM SPECTRUM** ☐
DEVELOPMENTAL DISABILITY – **BRAIN TRAUMA** ☐ DEVELOPMENTAL DISABILITY – **CEREBRAL PALSY** ☐
DEVELOPMENTAL DISABILITY–**COGNITIVE DISABILITY** ☐ DEVELOPMENTAL DISABILITY – **EPILEPSY** ☐
DEVELOPMENTAL DISABILITY – **MENTAL RETARDATION** ☐ DEVELOPMENTAL DISABILITY – **OTHER OR UNKNOWN** ☐
DRUG CLIENT ☐ FAMILY MEMBER OF ABUSED/NEGLECTED CHILD **(SPECIAL CHILDREN'S SERVICES ONLY)** ☐
FAMILY MEMBER OF ALCOHOL AND OTHER DRUG CLIENT ☐ FAMILY MEMBER OF CHIPS – **OTHER (SPECIAL CHILDREN'S SERVICES ONLY)** ☐
FAMILY MEMBER OF DELINQUENT – **(SPECIAL CHILDREN'S SERVICES ONLY)** ☐ FAMILY MEMBER OF **DEVELOPMENTAL DISABILITY CLIENT** ☐
FAMILY MEMBER OF **MENTAL HEALTH CLIENT** ☐ FRAIL ELDERLY ☐ FRAIL MEDICAL CONDITION ☐ GAMBLING CLIENT ☐
HARD OF HEARING ☐ HOMELESS ☐ HURRICANE KATRINA EVACUEE ☐ HURRICANE RITA EVACUEE ☐ INTOXICATED DRIVER ☐
CHIPS – STATUS OFFENDER **(SPECIAL CHILDREN'S SERVICES ONLY)** ☐ MENTAL ILLNESS **(EXCLUDING SPMI)** ☐ MIGRANT ☐
OTHER HANDICAP ☐ PHYSICAL DISABILITY/MOBILITY IMPAIRED ☐ REFUGEE ☐ REGULAR CAREGIVER OF DEPENDENT PERSON(S) ☐
REPEATED SCHOOL TRUANCY ☐ SERIOUS AND PERSISTENT MENTAL ILLNESS **(SPMI)** ☐
SEVERE EMOTIONAL DISTURBANCE – **CHILD/ADOLESCENT** ☐ SPECIAL STUDY CODE ☐ UNMARRIED PARENT ☐
VICTIM OF ABUSE OR NEGLECT **(ALLEGED OR ADJUDICATED)** ☐ VICTIM OF DOMESTIC ABUSE ☐ NONE OF THE ABOVE ☐

Presenting Problems-Primary
Abuse/assault/rape victim ☐ Alcohol ☐ Attempt, threat, or danger of suicide ☐ Depressed mood and/or anxious ☐
Disturbed thoughts ☐ Drugs ☐ Eating disorder ☐ Emergency detention ☐ Involvement with criminal justice system ☐
Marital/family problems ☐ Medical/somatic ☐
Problems coping with daily roles and activities (including job, school, housework, daily grooming, financial management, ect.) ☐
Runaway behavior ☐ Social/interpersonal (other than family problems) ☐ Unknown ☐

Referral Source
☐ AODA program/provider (includes AA, Al-Anon)
☐ Child Protective Services agency ☐ Corrections, probation, parole
☐ County social services ☐ Drug Court
☐ Employer, Employee Assistance ☐ Family, friend, guardian
☐ Homeless Outreach Worker ☐ Hospital Emergency Room ☐ IDP-Court ☐ IDP-DMV ☐ Inpatient hospital or residential facility ☐ IV Drug Outreach Worker ☐ Law Enforcement, police ☐ Mental Health Court
☐ Mental Health Program/Provider ☐ Other ☐ Other Court, Criminal or Juvenile Justice System. ☐ OWI Court – monitors the multiple OWI offender ☐ Primary Care Physician or Other Healthcare Program/Provider
☐ School, College ☐ Screening Brief Intervention Referral (SBIRT)
☐ Self ☐ Unknown

Have you been to detox in the last 30 days? ☐ Yes ☐ No
Medical inpatient visits in the last 30 days ☐ Yes ☐ No
Medical ER visits in the last 30 days ☐ Yes ☐ No
Psychiatric inpatient visits in the last 30 days ☐ Yes ☐ No
Psychiatric ER visits in the last 30 days? ☐ Yes ☐ No
Number of psychiatric inpatient beds day in the last 6 months: _____

How would you rate your overall physical health right now?
☐ Refused ☐ Don't Know ☐ Poor ☐ Fair
☐ Good ☐ Very Good ☐ Excellent

During the past 30 days how many days have you used the following:

Number of days

a. Any alcohol ..... |___|___|
b. Alcohol to intoxication (5 or more drinks in one sitting) .... |___|___|
b. Illegal drugs (or abuse/misuse of prescription drugs)..... |___|___|
c. Tobacco..... |___|___|

Living Arrangement

☐ Child under 18 living with biological or adoptive parents
☐ Child under 18 living with relatives, friends
☐ Crisis stabilization home/center ☐ Foster home
☐ Institutional setting, hospital, nursing home
☐ Jail or correctional facility ☐ Other living arrangement
☐ Private residence or household living alone or with others without supervision; includes persons age 18 or older living with parents) ADULTS ONLY
☐ Street, shelter, no fixed address, homeless
☐ Supervised licensed residential facility
☐ Supported Residence (ADULTS ONLY) – specify _____
☐ Unknown

Number of moves in the last 6 months _____

Is your current living arrangement a positive influence on your recovery? ..... ☐ Yes ☐ No

Do you feel safe in your current environment?

☐ Yes ☐ No

Are you currently enrolled in school or a job training program?

☐ Not enrolled ☐ Enrolled, full time ☐ Enrolled, part time
☐ Other ☐ Refused ☐ Don't know

BRC Target Population

Persons in need of ongoing, high intensity comprehensive services ☐
Persons in need of on-going low intensity services ☐
Persons in need of short-term situational services ☐

Education status

☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5
☐ Grade 6 ☐ Grade 7 ☐ Grade 8 ☐ Grade 9 ☐ Grade 10
☐ Grade 11 ☐ High school diploma or GED
☐ Some college or vocational/technical school ☐ Bachelor's degree
☐ Advanced degree (Masters, PHD) ☐ Unknown

Employment Status

☐ Full-time competitive (35 or more hours/week)
☐ Part-time competitive employment (less than 35 hrs./week)
☐ Not applicable Children 15 and younger
☐ Supported competitive employment
☐ Not in the labor force – Other reason – specify_____
☐ Unemployed but looking for work the last 30 days
☐ Not in the labor force – Student
☐ Unemployed, not looking for work
☐ Not in the labor force – Disabled ☐ Unknown
☐ Not in the labor force – homemaker ☐ Not in the labor force---retired
☐ Not in the labor force---jail, correctional or other institutional facility
☐ Not in the labor force---sheltered, non-competitive employment

Are you currently pregnant

☐ Yes ☐ No

If yes, have you seen a doctor or nurse for prenatal care? ☐ Yes ☐ No

BRC Target Population Update

Persons in need of ongoing, high intensity comprehensive services ☐
Persons in need of on-going low intensity services ☐
Persons in need of short-term situational services ☐

Health Appointment-Health Care-Last 6 Months

☐ Kept appointment	☐ No appointment needed	☐ Did not keep
☐ Refused Services	☐ Unknown	☐ Unable to access needed services

Health Appointment-Vision Care-Last 6 Months

☐ Kept appointment	☐ No appointment needed	☐ Did not keep
☐ Refused Services	☐ Unknown	☐ Unable to access needed services

Health Appointment-Dental Care-Last 6 Months

☐ Kept appointment	☐ No appointment needed	☐ Did not keep
☐ Refused Services	☐ Unknown	☐ Unable to access needed services

Health Appointment-Psychiatric Care-Last 6 Months

☐ Kept appointment	☐ No appointment needed	☐ Did not keep
☐ Refused Services	☐ Unknown	☐ Unable to access needed services

In the last 30 days, not due to your use of alcohol or drugs, how many days have you:

a. Experienced serious depression _____
b. Experienced trouble controlling violent behavior _____
c. Experienced serious thoughts of suicide _____
d. Attempted suicide _____
e. Been prescribed medications for psychological/emotional problem _____
   a. Are you taking medication you have been prescribed according to schedule ☐ Yes ☐ No ☐ N/A

How would you rate your overall quality of life right now?

☐ Very poor ☐ Poor ☐ Neither poor nor good ☐ Good ☐ Very good ☐ N/A

I am able to manage daily tasks around my home (such as cleaning, tidying, cooking, paying bills, and responding to mail).

☐ Not at all ☐ Slightly ☐ Somewhat ☐ Most of the time ☐ All of the time ☐ N/A

I can easily form and maintain close relationships with others, including those I live with.

☐ Not at all ☐ Slightly ☐ Somewhat ☐ Most of the time ☐ All of the time ☐ N/A

Psychosocial and Environment Stressors

☐ Inadequate information ☐ None ☐ Mild ☐ Moderate
☐ Severe ☐ Extreme ☐ Catastrophic

Daily Activity

☐ No educational, social, or planned activity ☐ Unknown
☐ Part-time educational activity ☐ Full-time educational activity
☐ Meaningful social activity ☐ Volunteer or planned activity
☐ Other respected status (specify: _____)

Legal/Commitment Status

☐ Voluntary ☐ Voluntary with settlement and stipulations
☐ Involuntary (Ch. 51 – Commitment)
☐ Involuntary (Ch. 55 – Protective Services and Placement)
☐ Involuntary criminal ☐ Guardianship only (Ch. 54)

Current Health Status

☐ No health condition ☐ Stable/capable ☐ Stable/incapable
☐ Unstable/capable ☐ Unstable/incapable
☐ New symptoms/capable ☐ New symptoms/incapable ☐ Don't know

Number of arrests in past 30 days _____
How many of these arrests were for new offenses? _____
Number of arrests in past 6 months _____
How many of these arrests were for new offenses? _____

Suicide Risk

☐ No risk factors ☐ Presence of some risk factors
☐ High potential for suicide ☐ Don't know

Interactions with criminal justice system in the last six months

☐ None ☐ Probation ☐ Arrest(s) ☐ Jailed/imprisoned (includes Huber)
☐ On parole ☐ Juvenile justice system contact ☐ Unknown

Support Group Attendance past 30 Days

1-3 times in the last 30 days	☐	4-7 times in the past 30 days	☐
8-15 times in the past 30 days	☐	16 or more times in the last 30 days	☐
No attendance in the past 30 days	☐	Unknown	☐

In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery? ☐ **Yes** ☐ **No**

Target Group

Alcohol abuse ☐ Alcohol and other drug abuse ☐ Drug abuse ☐ Family member/other of AODA Client ☐
Intoxicated driver ☐ Not Applicable ☐

Primary Substance Abuse Problem	Primary Use of Frequency	Primary Usual Administration
Alcohol ☐ Barbiturates ☐ Benzodiazepines ☐ Cocaine/Crack ☐ Dilaudid/hydromorphone ☐ Heroin ☐ Inhalants ☐ LSD ☐ Marijuana/THC ☐ Methamphetamine/methcathinone ☐ None (codependent) ☐ Nonprescription methodone ☐ Other amphetamines Other hallucinogens ☐ PCP ☐ Other nonbarbiturate sedatives/hypnotics ☐ Other opiates and synthetics ☐ Other stimulants ☐ Other tranquilizers ☐ Other ☐ Over-the-counter ☐	☐ 1-2 days per week ☐ 1-3 days in the past month (less often than once a week) ☐ 3-6 days per week ☐ Daily ☐ No use in the past month ☐ Unknown	☐ Inhalation (inhale or snort through the nose or the mouth without burning the substance). ☐ Injection (IV or intramuscular or skin popping. ☐ Oral (by mouth swallowing) ☐ Other ☐ Smoking (inhale by burning/ heating substance. ☐ Unknown

Secondary Substance Abuse Problem	Secondary Use of Frequency	Secondary Usual Administration
Tertiary Substance Abuse Problem	**Tertiary Use of Frequency**	**Tertiary Usual Administration**

Age of first drug use or alcohol intoxication for substance abuse primary problem _____

Brief Services	Special project reporting	Deaf or Hard of Hearing	Co-dependent Collateral	Co-Existing Mental Illness
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Is there anything we've discussed today that you would like added to your recovery/treatment plan?

☐ Yes _____ ☐ No ☐ Don't know ☐ N/A

What is the client's current stage of treatment?

☐ Pre-engagement ☐ Engagement ☐ Early Persuasion ☐ Late Persuasion ☐ Early Active Treatment ☐ Late Active Treatment
☐ Relapse Prevention ☐ In Remission or Recovery

How interested is the client to discuss transition from current level of care?

☐ Not at all interested ☐ Slightly interested ☐ Somewhat interested ☐ Moderately interested ☐ Strongly interested

Episode Closing Reason

Completed service 1. No more services needed ☐ 2. Maximum benefit obtained from this service/Level of Care i. Continued at lower LOC at same agency ☐ ii. Continued at lower LOC at another agency ☐ Administratively discontinued 1. Moved ☐ 2. No contact ☐ Behavioral termination – staff program decision to terminate due to program rule violation ☐ Incarcerated 1. Jail For a new offense ☐ 2. Jail for an old offense (eg. revoked for probation/parole rule violation) ☐ 3. Prison for a new offense ☐ 4. Prison for an old offense (eg. revoked for probation/parole rule violation) ☐	Referred to other community resource (i.e. non-CARS resource) ☐ Transferred - different service/LOC needed for progress in recovery 1. Transferred to higher level of care within same agency ☐ 2. Referred to higher level of care at another agency ☐ 3. Referred to same level of care at another agency ☐ Withdrew against staff advice ☐ Funding authorization expired 1. Request for service continuation denied ☐ a. Service discontinued ☐ b. Service continued without/with alternative funding ☐ 2. System-wide funding limitation ☐ a. Service discontinued ☐ b. Service continued without/with alternative funding ☐ Entered nursing home or institutional care ☐ No probable cause ☐ Unable to locate ☐ Death ☐

Episode level of improvement ☐ Major improvement ☐ Moderate improvement ☐ No change ☐ Worsened ☐ Unknown